

MAY 25 2006

Atty Docket No. 021447-000710US

PTO FAX NO.: 1-571-273-8300

ATTENTION:

Examiner Aaron Roane

Group Art Unit 3739

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**Mail Stop Issue Fee**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of CSABA TRUCKAI et al., Application No. 10/676,841, filed September 30, 2003 for ELECTROSURGICAL INSTRUMENT AND METHOD OF USE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. Response to the Notice of Drawing Inconsistency with Specification (3 page)
3. Replacement Drawing (1 sheet)

Number of pages being transmitted, including this page: 6

Dated: 5/25/06

  
Shemekia N. Brown

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TOWNSEND and TOWNSEND and CREW LLP  
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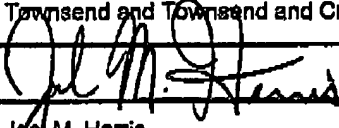
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MAY 25 2006

PTO/SB/21 (08-04)

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/676,841	
	Filing Date	September 30, 2003	
	First Named Inventor	TRUCKAI, CSABA	
	Art Unit	3739	
	Examiner Name	Aaron Roane	
Total Number of Pages in This Submission	5	Attorney Docket Number	021447-000710US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel M. Harris		
Date	5/25/06	Reg. No.	44,743

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Signature			
Typed or printed name	Shemekia N. Brown	Date	5/25/06

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PATENT  
Attorney Docket No.: 021447-000710US

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By: [Signature]  
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MAY 25 2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

CSABA TRUCKAI et al.

Application No.: 10/676,841

Filed: September 30, 2003

For: ELECTROSURGICAL  
INSTRUMENT AND METHOD OF USE

Customer No.: 20350

Confirmation No. 3767

Examiner: Aaron Roane

Technology Center/Art Unit: 3739

RESPONSE TO THE NOTICE OF  
DRAWING INCONSISTENCY WITH  
SPECIFICATION

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 05/17/06, please enter the following  
amendments and remarks:

**Amendments to the Drawings** begin on page 2 of this paper and include both an attached  
replacement sheet and an annotated sheet showing changes.

**Remarks/Arguments** begin on page 3 of this paper.